****Westmeadows Primary School ~ Term 3, 2021**

**Onsite Supervision Application 30/8/21-3/9/21**

By completing this form, I declare that there is no adult/guardian at home and no other arrangements can be made.

**EMPLOYER’S DETAILS**

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  | Attach your Authorised Provider and Authorised Worker Permit |
|  |  | Attach your Authorised Provider and Authorised Worker Permit |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Student’s full name | Date of Birth | Grade eg: 3/4Z |
| 1. |  |  |  |
| 2.  |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| By submitting this form, I declare that my child/ren is/are well and I will collect my child/ren as soon as is practicable upon the request of the school if my child becomes unwell. |
| **This form must be submitted no later than Thursday@ 4pm prior to the requested week.** |

|  |  |  |
| --- | --- | --- |
| Day | Date | AM, PM or ALL DAY |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |

 |
| Emergency contact detailsDuring : |  |

|  |  |
| --- | --- |
| Medical Conditions |  |
| Child 1 - |  |
| Child 2 - |  |
| Child 3 - |  |
| Child 4 - |  |

Parent/Guardian name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_